WORKER'S COMPENSATION COMMISSION

Department of Labor * Government of Guam P.O. Box 9970, Tamuning, Guam 96931 Tel: (671) 300-4571/77 Fax: (671) 475-6811

WCC File #:

INSTRUCTIONS: This form may be used by within ten (10) days from the date of or know \$500.00. PLEASE PRINT OR TYPE.							
Name of injured Employee, DOB & SSN	:	2. Name of Employer & EIN:					
3. Employee's address & telephone no: ()	4. Employer's address & Telephone no.: ()					
5. Date & time of alleged injury/illness:		Date of Employer's first knowledge of injury:					
7. Date & hour Employee first lost time bec	ause of injury/illness:	8. Date & hour Employee returned to work:					
Date & hour pay stopped:		Days usually worked per week (x days): S M T W TH F S Average hours per week:					
11. Employee's occupation:		12. Employee's wages/earnings	(overtime, etc):				
13. Is another person not of your employment.		a. Hourly: \$	b. Weekly: \$				
time of the accident. Tell what happened at all factors which led or contributed to the acceptance of the second s	cident. Use additional sheets if red	quired and attach to this report.					
16. Has medical attention been	17. Date authorized:	18. Has insurance carrier bee	n 19. Date notified:				
authorized?		notified?					
[] YES [] NO 20. Name of treating physician:		[] YES [] NO 21. Name of insurance carrier					
20. Hamo of trouting physician.		Worker's Compensation Commission c/o Guam Dept of Labor					
22. Name of treating facility:		23. Name & signature of person	on completing report:				
22 GCA §9132 "Any person who willfully payment under this Title, or for the purpo		enefit or payment under this Title,					
24. Title of person completing report:		25. Date of this report:	25. Date of this report:				
	FOR STATISTICAL						
Please choose ONE ETHNICITY:		L PURPOSES ONLY					
Yapese Marshallese	African American	Please choose ONE CITIZEN United States	SHIP:				

]	PLEAS	E CIRCI	LE THE APP	PROPRIAT	E ITEMS (fo	or stati	stical purpo	eses)		
A. EVENT CODE											
01 Fatality				02 No Time Loss				03 Time Loss			
B. NATURE OF INJ	URY CODE										
01 Amputation 02 Asphyxia 03 Bruise/Contusion/Abrasion 04 Burn (Chemical) 05 Burn (Heat) 06 Concussion 07 Cut/Laceration/Puncture			08 Disease/Illness 09 Dislocation 10 Electric Shock 11 Exertion 12 Foreign Body in Eye/Conjunctivitis 13 Fracture 14 Freezing/Frostbite				15 Hearing Loss 16 Hernia 17 Poisoning (Systemic) 18 Puncture 19 Radiation Effects 20 Strain/Sprain 21 Other (Specify)				
C. BODY PART CO	DE LEET	RIGHT									
Abdomen Ankle(s): Back Body System Chest Head Ear(s) Eye(s) Face	01 Thumb		,	14 16 17 18 19 24 26 28 30 32	15 20 21 22 23 25 27 29 31 33	Great Toe Toes (First-Fourth) Ankle Foot Knee Leg Hip(s)		34 36 37 38 39 44 46 48 50 52	35 40 41 42 43 45 47 49 51 53		
 01 Absorption 02 Bite/Sting/Scratch 03 Cardio-Vascular/Respiratory System Failure 04 Caught In or Between 			05 Fall (Same level) 06 Fall (From elevation) 07 Ingestion 08 Inhalation 09 Repeated Motion/Pressure				10 Rubbed/Abraded 11 Shock 12 Struck Against 13 Struck By 14 Other (Specify)				
E. SOURCE INJURY CODE 01 Aircraft 02 Air Pressure 03 Animal/Insect/Bird/Reptile/Fish 04 Boat 05 Bodily Motion 06 Boiler/Pressure Vessel 07 Boxes/Barrels, Etc. 08 Buildings/Structures 09 Chemical Liquid/Vapor 10 Cleaning Compound 11 Cold (Environment/Mechanical) 12 Dirt/Sand/Stone 13 Drugs/Alcohol 14 Dust/Particles/Chips				15 Electrical Apparatus/Wiring 16 Explosives 17 Fire/Smoke 18 Food 19 Furniture/Furnishings 20 Gases 21 Glass 22 Hand Tool (Manual) 23 Hand Tool (Powered) 24 Heat (Environmental/Mechanical) 25 Hoisting Apparatus 26 Ladder 27 Machine 28 Materials Handling Equipment			29 Metal Products 30 Motor Vehicle (Highway) 31 Motor Vehicle (Industrial) 32 Motorcycle 33 Person 34 Petroleum Products 35 Pump/Prime Motor 36 Radiation 37 Vegetation 38 Waste Products 29 Water 40 Weapons 41 Working Surface 42 Other (Specify)				
F. CONTRIBUTING ENVIRONMENTAL FACTOR CODE 01 Catch Point/Pointer Action 02 Chemical Action/Reaction Exposure 03 Flammable Liquid/Solid Exposure 04 Flying Object Motion 05 Gas/Vapor/Mist/Fume/Smoke/Dust Condition 06 Illumination 07 Materials Handling Equipment/Method 08 Overhead Moving and/or Falling Object Action 09 Overpressure/Underpressure Condition						10 Pinch Point Action 11 Radiation Condition 12 Shear Point Action 13 Sound Level 14 Squeeze Point Action 15 Temperature Above or Below Tolerance Level 16 Weather/Earthquake, Etc. Condition 17 Working Surface/Facility Layout Condition 18 Other (Specify)					
G. TASK ASSIGNM	IENT CODE										
01 Employee Working at Regularly Assigned Task(s)					02 Employee Working at OTHER than Regularly Assigned Task(s)						